

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

valid OMB control number		Application Number	10/770,600
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date	02/03/2004
		First Named Inventor	Philip Chid Nien
		Group Art Unit	3768
		Examiner Name	JAWORSKI FRAM
Total Number of Pages in This Submis	ssion 2	Attorney Docket Number	
	ENCLO	SURES (check all that ap	ply)
Fee Transmittal Form		ment Papers Application)	After Allowance Communica
Fee Attached	Drawin	,,	Appeal Communication to B of Appeals and Interference
Amendment / Response	Licens	ing-related Papers	Appeal Communication to G
After Final		n Routing Slip (PTO/SB/69)	Proprietary Information
Affidavits/declaration(s)	Petitio	n to Convert to a	Status Letter
Extension of Time Request	Power	ional Application of Attorney, Revocation ge of Correspondence	Additional Enclosure(s) (please identify below):
Express Abandonment Request	1 I	nal Disclaimer	
Information Disclosure Statement	1	Entity Statement	23534
Certified Copy of Priority		est for Refund	PATENT TRANSHARK OFFICE
Document(s)	Remarks] INFORMA	WIY KE PAYMEN
Response to Missing Parts/ Incomplete Application		of feig	<i>n</i> .
Response to Missing Parts under 37 CFR 1 52 or 1.53	AMI	ENDMENT P	TLED 2/8/07
SIGNATI	IDE OF ADD	LICANT, ATTORNEY, OF	RAGENT

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: NJEMANZE HILIP CHIM Typed or printed name Signature

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Date



UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office

Address : COMMISSIONER OF PATENTS AND TRADEMARKS

Washington, D.C. 20231 SERIAL NUMBER FILING DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NO. **EXAMINER** ART UNIT PAPER NUMBER AUG 2 0 2007 INFORMALITY RE PAYMENT OF FEE The informality regarding the payment of the fee in connection with ____ the original filing fee _____ the amendment _____ is indicated below. A. FEE DUE I. ___ The amendment is considered incomplete in that the funds in Deposit Account No. ___ are insufficient to cover the entire fee due. The balance is due within the period set below. 2. The amendment is considered an incomplete response, in that payment of S_____ ____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below. 3. The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below. 4. The filing fee of \$______ submitted in this application is insufficient. A balance of \$______ is due for additional claims. 5. DE EXTENSION I MONTH. RESPONSE WAS QUE 1/19/07 APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE. OR ONE (I) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF \$_ 40.00 08/21/2007 MAHMED1 00000001 10770606 B. EXCESS PAYMENT: 01 FC:2251 60.00 OP 5. It is noted that payment of \$______ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record. This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

PTOL-319 (REV. 3-82)